## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10628312

Palant and Trademark Olifon, U.S. DEPARTMENT OF COMMERCE

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE COR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10				ı	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			10 minus 20≈		• 0			X\$ 9≖		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		t	,		X42=		OR	X84=	
M	LTIPLE DEPEN	ADENT CLAIM P						+140=		OR	+28 <b>0</b> ≈	
* 15	the difference	in column 1 is	less than zo	ero, enter	"0" in c	olumn 2	•	TOTAL	375	OR	TOTAL	
12	20/4c	(Column 1)	MENDED - PART (Colum		nn 2)	in 2) (Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
<b>AMENDMENTA</b>	<i>:</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9.	Minus	** 2	0			X\$ 9=		OR	X\$18=	
	Independent	* /	Minus	PENDENT	CLAIM	-		X42=		OR	X84=	
	710			ENDENT	CLANN		1	+140=		OR	+280=	
					•			TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								_		-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF ME	Minus	+++	CLAMA	=	11	X42=		OR	X84=	
	THOTPHEOE	WATION OF INC	JETIPLE DEF	CIADCIAI	CLAIM	<b>L_</b>	۱ ۱	+140=		OR	+280=	
							_	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
	-	(Column 1)		(Colum		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
S S	Independent	*	Minus	ARE .		=	<b> </b>	X42=		ا ي	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDENT	CLAIM		1 <b> </b> -			OR		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
~ [	"If the Triighest Number Previously Paid For" IN THIS SPACE is less then 20, enter "20." "If the Triighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL LODIT, FEE	
1	The Triighest Nurs	ber Previously Pal	i For (Total or	Independe	nt) is the	highest aumbe	a tons	nd in the appr	opriale box	in coh	uma 1.	